

Volunteer Coach & Background Check Application

*This form must be completed by any applicant 18 years of age and older. A background check will be conducted annually.

Position Volunteering For: ☐Head Coach ☐Assistant Coach
Sport:_____ Age Group:_____ Head Coaches Name: _____

Your Name (Please Print Clearly):

First:_____ Middle:_____ Last:_____

Present Street Address:_____

City:_____ State:_____ Zip Code: _____

Social Security #:_____ Date of Birth:_____

Phone#: _____

Number of years you have lived in Arkansas: _____

Previous States you have lived in? * _____

These questions must be answered honestly, take your complete history into consideration. Any discrepancies will be grounds for disqualification.

1. Have you ever been convicted of, or pled “guilty” or “no contest” (“Nolo Contendere”) to, any crime, felony or misdemeanor?

☐Yes

☐No (Note: answering yes will not necessarily result in disqualification)

If yes, what was the disposition?

2. Have you ever had a problem with alcohol or drugs?

☐Yes

☐No

If yes, explain details

3. Have you ever been involved with child abuse or neglect?

☐Yes

☐No

If yes, explain

Volunteer Youth Coaching Contract

I understand that my responsibilities as a volunteer youth coach are of great importance and that my actions have the potential to significantly influence the young athletes whom I coach. Therefore, I promise to uphold the following rights of young athletes to the best of my ability. The right to:

- Participate in sports
- Be treated with dignity
- Receive qualified adult leadership
- Play as a child and not as an adult
- Share in the leadership and decision making of their sport
- Participate in a safe and healthy environment
- An equal opportunity to strive for success
- Have fun in sports

I also promise to conduct myself in accordance with the Code of Ethics for Coaches.

I will:

- Treat each player, opposing coach, official, parent and administrator with respect and dignity.
- Do my best to learn the fundamental skills, teaching and evaluation techniques, rules and strategies of my sport.
- Become familiar with the objectives of the youth sports program with which I am coaching.
- Uphold the authority of the officials who are assigned to my sport, and I will assist them, in every way, to conduct fair and impartial competitive games.
- Learn the strengths and weaknesses of my players so that I might place them into situations where they have a maximum opportunity to achieve success in practices and games while they improve their skill level.
- Protect the health and safety of my players.
- Adhere to all Lincoln Pee Wee Football and Lincoln Consolidated School policies and procedures.

With my signature, I acknowledge that I have read, understood, and will do my best to fulfill the promises made herein. **

I authorize the Lincoln Consolidated School District to obtain, from any source, any information relevant to this application. I hereby authorize all sources to release such information to the Lincoln Consolidated School District Athletic Director. I hereby certify that the foregoing statements are true and correct and I agree that any misstatement or

omission as to material fact will constitute grounds for unfavorable consideration of my application or dismissal from volunteering with the Lincoln Pee Wee Football Program.

Print Name: _____

Signature: _____

Date: _____